N.A.

PTO/SB/01 (03-01)

Approved for use through 19/31/2002, OMB 0651-0032

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Attorney Docket Number

DECLARATION FOR UTILITY OR DESIGN		Attorney Dock	et Number	Note			
		First Named In	ventor	Scotland Stivers			
PATENT APP		COMPLETE IF KNOWN					
(37 CFR 1.63)		Application Nu	mber				
✓ Declaration ✓ D	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date					
Submitted OR with Initial		al Group Art Unit					
Filing		Examiner Nam	е				
As a below named inventor, I hereby declare that:							
My residence, mailing address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an addition of the listed below.							
and for which its claimed and for which a patent is sought on the invention entitled.							
"Pressure Relief System"							
	,						
	(Title of ti	he Invention)					
the specification of which	·	,					
D base	dupon U.S.	Provisional F	atent h	App Nº 60/220,609			
Realizached nereto			T'tol	July 25, 2000			
OR			FIRE	Vuly 27, 2000			
was filed on (MM/DD/YYYY		as I Inited St	stee Annlinatio	n Number or PCT International			
,			eres Apricant	introducer or PC1 litter(rangonal			
Application Number	and was a	mended on (MM/DD/YY	YY)	(if applicable).			
(II approauto).							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
l acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the film							
in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
	TO THE POST OFFI						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other patent, inventor's or plant breeder's rights certificate(s) or several so identified below, by checking the box, any foreign application for							
patent, inventor's or plant breede application on which priority is clai	's righte certificate(e) or	rany PCT international	by checking tapplication has	he box, any foreign application for ving a filling date before that of the			
Prior Foreign Application	1	Foreign Filing Date	Priority				
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	Certified Copy Attached? YES NO			
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			닐				
	1 1	1	1 1				

III WALL

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: [Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (03-01)
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Customer Number or Ber Code Label		OR 🛭 🗠	orrespondence address below			
Name ScotLund Stivers							
Address P.O. Box 241							
cay Superior		Sta	→ WI	za 54880			
country "USA"	Telep	phone		Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if arry]) Scot	Lund		mily Name S+	ivers			
signature Scottimu	Stwe	'ne		Date Vuly 21,2001			
Rooldence: City Super ic	<i>></i> \	State WI	Country USA 1				
Mailing Address P.O. Box 241							
on Superior,		State WI	21P 54880	Country "USA"			
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) Family Name or/Surname							
Inventor's Signature				Date			
Residence: City		Name /	Country	Citizenahip			
Mailing Address		/ <u> </u>					
City		State	ZiP	Country			
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/S8/02A attached hereto.							